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From: Sandy C. Kronenberg

Fax:703-872-9306

Pages: 21 (including this one):

Phone:

Date: 4/12/05

Re:Amendment for 09/910,416

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NOTES/COMMENTS:

Included are the following:

1. Three Month Petition for Extension of Time
2. Credit Card Payment Form
3. Transmittal Form
4. Change of Address Form
5. Amendment

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Thank You,

Sandy C. Kronenberg

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

21

Application Number

09/910,416

Filing Date

July 21, 2001

First Named Inventor

Kronenberg

Art Unit

2141

Examiner Name

Bayard

Total Number of Pages in This Submission

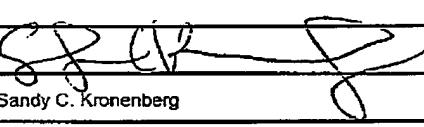
21

Attorney Docket Number

**ENCLOSURES (Check all that apply)**

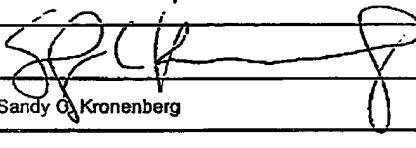
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Date	4/11/05	Reg. No.	

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Application Number	09/910,416
Filing Date	July 21, 2001
First Named Inventor	Kronenberg
Art Unit	2141
Examiner Name	Bayard
Attorney Docket Number	

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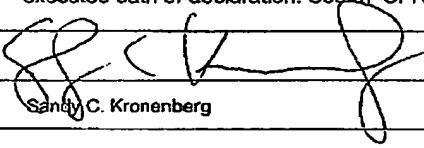
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- Assignee of record of the entire interest.  
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- Attorney or agent of record. Registration Number \_\_\_\_\_.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Signature 

Typed or Printed Name Sandy C. Kronenberg

Date 4/11/05

Telephone

248-647-9840

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

Total of 4 forms are submitted.

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